



*"Service with Integrity
& Excellence"*

Arkansas Department of Community Correction

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ADMINISTRATIVE DIRECTIVE: 02-07 HEALTH CARE CO-PAYMENT PROGRAM

TO: DEPARTMENT OF COMMUNITY CORRECTION (DCC) EMPLOYEES)

FROM: G. DAVID GUNTARP, DIRECTOR

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APPROVED: Signature on File

EFFECTIVE: January 1, 2003

- I. APPLICABILITY.** Department of Community Correction (DCC) employees, offenders confined in community correction centers (CCC), and contract health care provider.
- II. POLICY.** It is DCC policy that CCC offenders participate in economic sanctions programs for health care services.
- III. DEFINITIONS.**
 - A. Chronic Care.** Follow-up care for medical conditions that may be life-threatening if not monitored, such as, but not limited to diabetes, cancer, heart disease, hypertension, and HIV.
 - B. Co-payment.** A fee the offender pays for health care services or treatment.
 - C. Emergency.** A life-threatening illness or injury as determined by the health authority or responsible physician.
 - D. Follow-up.** A medical intervention scheduled by medical staff for the purpose of treating or monitoring an existing condition.
 - E. Indigent.** An offender's financial status of no more than five dollars in his/her account to spend at his or her discretion during a calendar month.
 - F. Medically Necessary Care.** Treatment that, if not provided, will reasonably be expected to result in deterioration of the condition prior to release, or will result in permanent material impairment, permanent loss of function, or unmanageable pain.
 - G. Offender.** A resident of a DCC community correction center.

"There is good in all people; how we deal with them determines how much of it we see."

H. Prosthesis/Orthotic. An artificial device to replace or augment a missing body part or to compensate for a defective body function, including, but not limited to the following:

1. artificial limbs
2. eyeglasses
3. contact lenses
4. dentures
5. hearing aids
6. orthopedic shoes or shoe inserts
7. crutches, braces, support bandages, girdles, etc.

VI. GUIDELINES.

- A. Fee for Service.** Offenders of CCCs will be assessed and make co-payments for offender-initiated healthcare services in an amount authorized by the Board of Corrections and as described in this and related policies. The co-payment program hold offenders accountable for a portion of this health care services, thus, assisting in the treatment process. Services must be provided prior to assessment and collection of the health care co-payment.
- B. Orientation and Notification of Offenders.** The Center Supervisor must ensure offenders admitted to DCC community correction centers are informed of the Healthcare Co-Payment Program during orientation, including the purpose of the program, the situations in which the offender will or will not be assessed a co-payment, the current co-payment amount, and procedures to request a visit with a health care provider. Also, each offender in the CCC must read (or have read to him/her) and acknowledge receipt and understanding of the co-payment program by signing the Offender Co-Payment Program Notice and Acknowledgment, AD 02-07 Form 1.
- C. Access to Services.** Requests for health care services received must be acted on promptly by qualified health care personnel. Access to health care services must be unimpeded while in DCC custody, and especially not by the offender's ability to share in the cost of services. No offender will be denied care because of a record of non-payment or current inability to pay for care. Also, the fee collection process shall not change institutional procedures for offender access to health care.
- D. Assessment of Fees.** The DCC is authorized to charge a fee for offender-initiated health care services to hold the offender responsible and accountable for a portion of his/her health care costs. The co-payment shall be for an amount approved by the Board of Corrections. Services must be provided prior to assessment of a co-payment. Assessment of a co-payment shall be as follows:
1. Co-payment. Offenders will be assessed a medical co-payment as described below:
 - a. Each offender-initiated request for medical, mental health or initial dental care, including pre-existing/recurrent conditions, unless the condition is exempt.
 - b. Missed appointments for sick call, physician's call, mid-level provider's (RNP's, ANP's, or PA's) call, dental visits, mental health visits, or specialty referrals, unless the failure to keep the appointment was not the offender's fault as determined by

the Center Supervisor. To reschedule any of the above appointments, the offender is required to submit a new sick call request and will be assessed an additional co-payment for the new request, unless the requested service is exempt from co-payment.

- c. Initial evaluation request for prosthesis and the cost for replacement of any prosthetic/orthotic device lost, stolen, damaged or destroyed while in the possession of the offender may be assessed after investigation of the incident leading to loss or damage. This includes the cost of wheelchairs, crutches, etc., which are loaned to the offender by the Medical Department. Final determination as to whether an offender will be assessed the charges for replacement prostheses will be made by the DCC Deputy Director of Residential Services.

2. Exempt services. Offenders will not be charged a fee for the following services:

- a. Initial assessments during the reception and classification process, classification physical exams, intra-system transfer evaluations, or periodic physical examinations.
- b. Emergency services as a result of life threatening illness or injuries.
- c. Health care visits or tests initiated by health care staff to comply with policy, including the following:
 - (1) required immunizations and vaccinations
 - (2) tuberculosis (TB) testing
 - (3) tetanus injections
 - (4) visits or tests for Sexually Transmitted Diseases, excluding HIV testing (see below)
 - (5) visits required for public health reasons
- d. Offender-initiated periodic health examinations or any test required as a part of those examinations, such as mammography, PSA, eye or dental examinations, and any condition or injury directly attributed to job assignments. Additional examinations requested by the offender but not required by policy will incur a fee.
- e. Offender-initiated requests for medical services for any condition or injury directly attributable to job assignments.
- f. One HIV test requested by the offender or the provider. If the offender requests additional HIV tests, the tests are free, but there will be a charge for each sick call request to initiate the test.
- g. Scheduled follow-ups by the medical, dental or mental health staff. Written referrals, laboratory tests, x-rays, EKG's, dressing changes, suture removal, or other procedures related to the initial problem.
- h. Chronic care clinics or visits scheduled by health care staff to monitor conditions including the following:
 - 1) Cardiovascular, including hypertension
 - 2) Pulmonary, including asthma
 - 3) Infectious Disease, including TB, HIV, and hepatitis
 - 4) Endocrine, including diabetes, dialysis, and thyroid

- 5) Neurology
- 6) General Medicine, including pre/post-natal care
- i. Physician visits required to order medication renewals.
- j. Infirmary or hospital care.
- k. If the offender is treated by nursing personnel and then referred to dental (other than initially), there will only be one co-payment charge. Subsequent visits to the dentist for the same condition or event will not result in further charges. There will be no additional charge for antibiotic pre-medication for cardiac conditions prior to dental treatment.
- l. Replacement of prosthesis as a result of normal wear and tear over the expected life of the prosthesis. A prosthesis will be provided if the site Medical Director, through consultation with appropriate specialists, determines that failure to do so will result in deterioration of the offender's health while incarcerated. There must be enough time remaining on the offender's sentence before parole eligibility or discharge to schedule appointments, evaluate the offender, and fabricate and deliver the prosthesis to the offender. The site Medical Director will determine the style, type, and manufacturer of the device to be provided.

E. Transfer.

- 1. Upon transfer of an offender to another ADC or DCC facility, the receiving facility must ensure appropriate co-payment program forms, and health care debt information and records are received with the offender's medical record. Medical co-payment debts will remain active until the offender is discharged from his/her sentence.
- 2. Out-of-state offenders are subject to the same guidelines as Arkansas offenders. However, health care services provided to out-of-state offenders will include those pre-approved and fully authorized for payment by the sending state.

F. Charges and Deposits. Medical co-payments will be collected and placed in a DCC state of Arkansas account according to procedures established by the Assistant Director of Administrative Services.

- 1. When medical co-payment charges are posted to the offender's account, the balance in the account will not be reduced below five dollars (\$5.00). Any amount not charged for medical services to the offender's account due to an insufficient balance will be established as a medical co-payment debt owed by the offender.
- 2. Medical co-payment debts or charges must be deducted before commissary charges are allowed.
- 3. When an offender who has a medical co-payment debt receives additional funds or pay, the Center Supervisor or designee is the authority to determine if the funds may be used to satisfy the co-payment debt.
- 4. "Christmas funds," "Gate Money" or other funds provided by the State as

maintenance pay may not be taken to offset medical co-payment debts.

5. When arrangements are to be made for an offender to replace or repair a prosthesis, there should be enough remaining time in the offender's sentence to pay off the debt.

V. PROCEDURES. The following procedures are established for the administration of the Healthcare Co-Payment Program.

A. Orientation.

1. During the medical segment of the new DCC offender orientation program, each new offender will be informed of the medical co-payment program and provided the Offender Co-Payment Program Notice and Acknowledgment, AD 02-07 Form 1. Each offender must read and sign this form, acknowledging his/her understanding of the policy. One witness must co-sign the form. If the offender refuses to sign, the refusal must be noted on the form by appropriate staff, and signed by two witnesses. Witnesses must be DCC or medical personnel.
2. The signed copy of the Offender Co-Payment Program Notice and Acknowledgment Form will be placed in the correspondence section of the offender's medical record.

B. Collection of Fees.

1. Offenders will access sick call, dental call, or mental health services by completing and submitting a Health Service Request Form AD 02-07 Form 3. The Offender will sign and date the lower left hand block of the form acknowledging that he/she will be charged for healthcare services, and that in the event he /she has insufficient funds, the co-payment will be set up as an outstanding debt.
2. Upon completion of a sick call, dental call, or mental health visit meeting co-payment requirements, the offender's number, name, and co-payment charge, will be entered on the Health Care Services Co-Payment Log AD 02-07 Form 2. The offender will be requested to sign the Log. A Health Services Unit staff member will sign in the signature block after the offender, attesting that the services have been provided.
3. If the offender refuses to sign, the Health Services Unit representative will enter "Refused to Sign" in the offender's signature block, and will sign after the entry. Another Health Services Unit representative (or if not available, a Residential Supervisor) will sign in the Health Services Unit's representative signature block.
4. The Health Services Unit Manager must ensure the Health Care Services Co-Payment Log is completed for each 24 hour period (from 00:00 to 23:59) and taken to the Center Business Manager the morning of the next working day where the appropriate charges will be made to the offender's account. A copy should be maintained in the Health Services Unit for reference purposes and to help resolve offender questions and complaints. A separate log sheet will be prepared when seeing an offender from another facility, and a copy faxed to his/her parent facility. The parent facility is responsible for making appropriate co-payment charges when an offender is sent to another facility for health care services.

5. When an offender is transferred from one facility to another within the DCC or Arkansas Department of Correction (ADC), the medical debt information will be passed on to the new facility when the offender is transferred. The offender will continue to pay on the bill as arranged.

C. Refund of Fees.

1. An offender who believes he/she has been charged for medical services not received should forward a written request for refund to the Health Services Unit Manager. The Unit Manager will investigate the incident and determine if a refund is due. If the offender is dissatisfied with the findings of the Unit Manager, he/she may follow the grievance process.
2. When a refund is necessary, the following will be performed:
 - a. The Health Services Unit Manager will complete a separate Health Care Services Co-Payment Log sheet and annotate "REFUND ONLY." The date the refund was authorized will be noted on the Health Care Services Co-Payment Log. The offender will print his/her last name and sign the Log. The Unit Manager will sign as the Health Services Unit representative and enter a negative charge for the amount (example: -\$3.00).
 - b. The original Log sheet should be forwarded to the Center Business Manager the morning of the next working day where the appropriate adjustments will be made to the offender's account.
 - c. A copy of the Log sheet will be maintained in the Health Services Unit for reference purposes.

VI. FORMS.

- A. AD 02-07 Form 1 Offender Co-Payment Program Notice and Acknowledgment
- B. AD 02-07 Form 2 Health Care Services Co-Payment Log
- C. AD 02-07 Form 3 Health Care Service Request Form

Arkansas Department of Community Correction
OFFENDER CO-PAYMENT PROGRAM NOTICE AND ACKNOWLEDGMENT

While confined in a DCC center, you will be assessed a co-payment for health care, including certain medical, dental and mental health services. This notice outlines services requiring co-payment charges and services exempt from co-payment charges. You will not be refused reasonable and necessary medical, dental or mental health treatment based on your ability to pay. You are required to sign this form acknowledging you have been informed of the Co-Payment Program policy. Any questions regarding this health care co-payment policy should be addressed to your Health Services Representative.

Service Charges	Services Exempt from Charges
\$3.00 - Each time you initiate a request for medical, dental or mental health care, including pre-existing/recurrent conditions, unless the condition is exempt.	Initial assessments during the reception and classification process, classification, physical exams, intra-system transfer evaluations, or periodic physical examinations.
\$3.00 - Missed appointments for sick call, physician's call, mid-level provider's (RNs, ANPs or PAs) call, dental visits, mental health visits, or speciality referrals, unless the failed appointment was not your fault as determined by the center supervisor. To reschedule, you are required to submit a new sick call request and be assessed an additional \$3.00 for the new request, unless the requested service is exempt.	Emergency services as a result of life-threatening illness or injuries.
	Health care visits or tests initiated by health care staff to comply with policy, including required immunizations and vaccinations, tuberculosis testing, tetanus injections, sexually transmitted disease tests/visits (other than HIV), any visits required for public health reasons.
	Offender initiated periodic health exams or any tests required as a part of those exams, such as mammography, PSA, eye or dental exam, etc. or any condition or injury directly attributed to job assignments.
	One HIV test requested by you or any HIV test initiated by the provider. If you request additional HIV tests, the tests are free, but there will be a \$3.00 charge for each sick call request to initiate the test.
You may be responsible for up to 100% of the cost for replacement of any prosthetic/orthotic device lost, stolen, damaged or destroyed while in your possession, after a thorough investigation of the loss or damage. This includes the cost of wheelchairs, crutches, etc., which are loaned to you by the Medical Department (excluding replacement for normal wear and tear over the expected life).	Scheduled follow-ups by the medical, dental or mental health staff. Written referrals, lab tests, x-rays, EKGs, dressing changes, suture removal, or other procedures related to the initial problem.
	Chronic care clinics/visits scheduled by health care staff to monitor conditions including cardiovascular (Hypertension), pulmonary (asthma), infectious disease (TB, HIV, hepatitis), endocrine (diabetes, dialysis, thyroid), neurology; general medicine (Pre/post-natal care).
	Physician visits required to order medication renewals.
	Infirmery or hospital care
	Referrals for dental care if you are treated by nursing staff and referred to dental care other than your initial visit. Subsequent visits to the dentist for the same condition or event will not result in further charges. There will be no additional charge for antibiotic pre-medication for cardiac conditions prior to dental treatment.
	The cost of a prosthesis if the site Medical Director, through consultation with appropriate specialists, determines that failure to provide prosthesis will result in deterioration of your health while incarcerated, and there is enough time remaining on your sentence before parole eligibility or discharge to schedule appointments to evaluate your condition, fabricate and deliver the prosthesis to you. The site Medical Director will determine the style, type and manufacturer of the device to be provided.
I understand that in accordance with Department of Community Correction policy, I will be charged for Health Care Services and deductions of co-payment charges will be drawn against my resident account. I understand that if I have insufficient funds to cover the charge, the amount of the co-payment will be set up as an outstanding debt. Any subsequent funds received for me will be automatically deducted from my resident account to pay for outstanding co-payment charges. I also acknowledge receipt of a copy of the Offender Co-Payment Program Notice and Acknowledgment form.	

Offender Name (Print)	Offender No.	Offender Signature	Date
Witness Signature	Date	Witness Signature	Date

Arkansas Department of Community Correction
HEALTH CARE SERVICES CO-PAYMENT LOG

Facility: _____ **Unit Manager** _____ **Date:** _____

The offenders listed below incurred co-payment charges for health care services on this date.

[illegible]

ARKANSAS DEPARTMENT OF COMMUNITY CORRECTION

Health Care Service Request Form

Name (Last, First, MI)	DCC#:	Date of Birth:	Barracks:	Date of Request:
Job Assignment:			SSN#	
Description of the problem:				
I consent to be treated by the Health Services Staff for the condition described. _____				
Offender's Signature				
PLACE THIS SLIP IN THE MEDICAL BOX OR DESIGNATED AREA AND DO NOT WRITE BELOW THIS LINE				
List Protocol(s) Below:		NURSING DOCUMENTATION		
1)	2)	3)		
Subjective Data				
Objective Data: BP: Pulse: Respirations: Temperature: Weight:				
Assessment:				
Plan by Nursing Care:				
Body System Code: (from problem list)		Patient Education: <input type="checkbox"/> Handout <input type="checkbox"/> Verbal Instruction Topic:		
Refer to: <input type="checkbox"/> Physician <input type="checkbox"/> Mid-level <input type="checkbox"/> Mental Health <input type="checkbox"/> Dental <input type="checkbox"/> Other: (List: _____)				
Signature: _____		Title: _____	Unit: _____	Date: _____
				Time: _____
I understand that in accordance with Department of Community Correction policy, I will be charged for healthcare services through deductions of applicable co-payment charges from my resident account, and that if I have insufficient funds to cover the charge, the amount of co-payment will be set up as an outstanding debt.				
Signature: _____			Date: _____	